

Parent Letter- Job Shadow Program

Dear Parents:

Oswego East Hígh School is committed to providing our students with career exploration opportunities. Job Shadowing is an excellent opportunity for a student to spend a day observing and interviewing a worker on a job in a particular area that is of special interest to that student. We are sure you will agree students today are often unaware of the numerous career options available to them. A student, for example, may want to be an electrician, yet know very little about the job conditions, pay scale, schooling or apprenticeship training involved, or the long-range demand for the job. Shadowing gives students the opportunity to explore a job in depth to gain this information. This is an optional activity.

Your student will have the opportunity to spend one day exploring a career of his/her choice at a business site. She/he will be away from school without school supervision. Upon returning to school, she/he will turn in their Career Information form to Mrs. Allen in order to be excused for that day. A letter will be composed and mailed by your daughter/son to their shadowing host to thank them for this opportunity.

If you give your approval, please complete the attached form and return the copy to the school as soon as possible. Please be aware that your assistance is needed in getting the student to and from his/her shadowing site. The school will not provide transportation.

When a placement has been made, you will receive a copy of the employer placement sheet, which will explain where, when, and with whom your student is to shadow. If you have any questions or concerns, please contact me at the high school by telephoning 630-636-2230 or emailing Julie Allen at iallen0114@osweg0308.org

Julie Allen OEHS Counselor Job Shadow Coordinator

Parental Permission Form – Job Shadowing

I give my permission for	to be out of school
for one day observing at an on-the-job work lo	cation. I understand that on that day, I
will be responsible for his/her transportation	and that any schoolwork missed must
be made up. I hereby agree to assume all res	ponsibility for any physical accidents
resulting from shadowing or traveling to and f	rom the shadowing site and school
without holding the sponsor or any school offi	cial responsible for any accident
whatsoever.	
Parent's printed name:	-
Parent's signature:	
Relationship to student:	
Address:	
City:	_ Zip:
Phone: (primary)	email:
Would <i>you</i> permit a child to visit <i>you</i> for one d complete the form below.	ay to observe your job? If so, please
Name:	
Job Title:	
Company:	
Work Address:	
Work Phone: E	mail:

Job Shadowing Student Contract

l,	, agree to complete the following responsibilities
in cor	nection with my job shadowing experience.
Befor	e Job Shadowing:
1.	I will complete the Job Shadowing Student Application and have the Parent
	Permission Form signed. I will turn it in to Student Services by Tuesday,
	November 26, 2013
2.	I will seek information about the job prior to job shadowing.
	I will maintain passing grades in all classes before and during job shadowing.
3.	I will notify the Job Shadowing Coordinator, Ms. Allen, (in Student Services) of
	any problems or conflicting dates that would interfere with the scheduled job
	shadowing visit. (i.e. previously scheduled dental appointment, court date,
	etc.)
Durin	g Job Shadowing:
1.	I will do my best to represent my school and myself in a positive, courteous
	way.
2.	I will observe what is necessary for the worker I shadowed to do his/her job.
3.	I will ask the shadowing host to sign and date my Career Information Sheet.
After .	Job Shadowing:
1.	I will complete my Career Information Sheet and turn it in the following day to
	the attendance office in order to be excused from school for that day.
2.	I will write a thank you letter to the host(s) I shadowed.
I unde	erstand that failure to follow the expectations set forth in this contract will result
in a d	isciplinary action.
Stude	ent Signature: Date:

English Teacher's Name This Term: ______ Block #: _____

Job Shadowing Student Application

Please print :				
Name:	ID	#		
Address:	City	State	Zip	-
Phone:	Email:			
Parent/Guardian:				_
What career would you like	e to shadow? (BE SPECIFIC	;)		
Why?				
What career or type of job	do you see yourself having	g ten years from	now?	
What courses have you tak	en that relate to your futu	re plans?		
Additional information that placement for you.	would be helpful in the se	election of an ap	propriate job sh	adowing
I have made arrangements				
Name:		Position:		
Company:		Phone #		
Email:	Address:			
City	7in			